

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006170

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5512 Registrar's No. 62

STATE FILE NUMBER

FILED FEB 25 1963

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hartwell, Mo.</u>		c. CITY OR TOWN <u>7425 Montgall</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Kansas City, Mo.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Luther</u> Middle <u>Lee</u> Last <u>Bucher</u>		4. DATE OF DEATH Month <u>2</u> Day <u>21</u> Year <u>63</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-20-87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City Fire Dept.</u>	9. AGE (last birthday) <u>76</u>
11a. FATHER'S NAME <u>Philip Dorse Bucher</u>		11b. BIRTHPLACE (City and state or country) <u>Westport, Mo.</u>	
12a. MOTHER'S MAIDEN NAME <u>George Ann Cary</u>		12b. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. SOCIAL SECURITY NO. <u>[redacted]</u>		16. INFORMANT <u>[redacted]</u>	
17. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Artery occlusion - 5 1/2 hours</u> DUE TO (b) <u>arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>several years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[redacted]</u> Month <u>[redacted]</u> Day <u>[redacted]</u> Year <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. <u>[redacted]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Wich, Mo.</u>	
21. I attended the deceased from <u>2-19-63</u> to <u>2-21-63</u> and last saw her alive on <u>2-19-63</u> Death occurred at <u>Hartwell, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>2-21-63</u>	
22a. SIGNATURE <u>Arthur D. Corpolongo D.O.</u>		22b. ADDRESS <u>Wich, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2-23-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
24. FUNERAL DIRECTOR <u>DW NEWCOMER'S SONS</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 21-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 6 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address R. C. 10 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 2-21-63 M.B.